Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS647HOS	A. BUILDING _____ B. WING _____	11/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMON MEDICAL AND REHABILITATION HOSPITAl	2170 EAST HARMON AVENUE LAS VEGAS, NV 89119

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility from November 20, 2008 through November 21, 2008. The following complaint was investigated: CPT #20007 - Substantiated (Tags S134, S310) The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation,s actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	S 000		
S 134	NAC 449.329 Admission of Patients 2. Ensure that each patient, or the parent, guardian or other person legally responsible for the patient, receives information about the proposed care of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the the patient and guardian received information about the proposed care of the patient (#1). Findings include: Patient #1 The patient was admitted on 11/16/08 with the following diagnoses: Kidney Injury, Anemia, Hematuria, Malignant Neoplasm Rectosigmoid Junction and Hypertension.	S 134		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 134	Continued From page 1 A nephrology consultation dated 11/18/08, stated: "At this point, agree with evaluation by kidney specialist. The patient thus is on the verge of improving renal function. This may pertain to removal of her Perm- A- Cath (catheter for dialysis). This will need to be orchestrated, as she is on Coumadin for deep vein thrombosis secondary to risk of bleeding." On 11/21/08 during the afternoon, an interview with a niece designated as the power of attorney indicated: the staff informed her the Perm-A-Cath would be removed for the last few days and no one had removed the Perma-A-Cath. The niece, designated as the Power of Attorney, did not understand the reason for the delay in the removal of the Perm-A-Cath. The staff members did not provide her with an explanation. On 11/21/08 during the afternoon, the staff nurse indicated she did not know the reason for the delay in removal of the Perma-A-Cath. There was no documented evidence to verify the patient and guardian received information about the reason for the delay in the removal of the Perm-A-Cath. Severity: 2 Scope: 1	S 134		
S 310	NAC 449.3624 Assessment of Patient 1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.	S 310		

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S 310	Continued From page 2 This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the skilled nurse assessed the patient before and after the administration of Phenergan and failed to ensure follow through from a dietary assessment (#1). Findings include: Patient #1 The patient was admitted on 11/16/08 with the following diagnoses: Kidney Injury, Anemia, Hematuria, Malignant Neoplasm Rectosigmoid Junction and Hypertension. 1. The Standard Subacute Transfer Order signed by the physician on 11/11/08 revealed: "Phenergan 12.5mg. (milligrams) po (by mouth)/ pr (per rectum) every 6 hours prn (as needed) for pain/ headache and Reglan 10 mg. po every 8 hours." On 11/16/08 at 2020 (8:20PM), the skilled nurse documented Phenergan 12.5 mg. (milligrams) was given. The skilled nurse did not identify whether the Phenergan was given orally or per the rectum. There was no documented evidence to verify the skilled nurse assessed the patient's condition prior to the administration of the Phenergan. The skilled nurse failed to document the effectiveness of the medication. The skilled nurse did not assess the patient's condition and document the reason for the administration of the Phenergan and the effectiveness of the medication. 2. The Standard Subacute Transfer Order signed	S 310		

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S 310	Continued From page 3 by the physician on 11/11/08, revealed: "soft diet with Novasource renal supplement one can with meals." On 11/17/08, 11/18/08 and 11/19/08, the Routine Scheduled Medication form completed by the licensed nurse indicated the patient refused the Novasource. On 11/19/08, a nutritional assessment conducted by the dietician revealed: "Patient aware of low albumin- agreeable. Will drink Boost if po (by mouth) if intake less than 50%, but not Novasource." There was no documented evidence to verify Boost supplement was ordered for the patient. Severity: 2 Scope: 1	S 310		